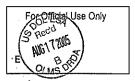
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 1/354	2. Fiscal Year Covered From:
/	1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name David M Isaacs	Name [Laborers International Union of NA Local 189]
	Labor Organization File Number 020-304
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 2631 Wilhite Drive	Street 2631 Wilhite Drive
City Lexington	City Lexington
State Kentucky ZIP Code + 4 40503	State Kentucky ZIP Code + 4 40503
5. Position in labor organization. Secretary/Treasurer	
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizat 6. Name and address of Employer (including trade name, if any).	ion represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.
monetary value from an employer whose employees your organizat	ion represents or is actively seeking to represent.
Name	
Trade Name, if any:	
P.O. Box, Bidg., Room No., if any	7.b. Amount,
Street	
City (*** The first of the firs	* Specific the restriction of the control of the co
State ZIP Code + 4	
Sign	nature
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompan undersigned's knowledge and belief, true, correct, and complete. (See the se	Periury and other applicable penalties of the law, that all of the information
	ying documents), has been examined by the signatory and is, to the best of the
Signed Oout Mal Inc	ying documents), has been examined by the signatory and is, to the best of the

Name of Person Filing David Isaacs	File Numb	er U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any). Name Laborers Employers Cooperation and Ed Trust Trade Name, if any: LECET P.O. Box, Bldg., Room No., if any P.O. Box 18 Street City Lawrenceburg State Kentucky ZIP Code + 4 40342	9. Business deals with: a. Labor Organization b. Trust c. Employer			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	(1971—1984—1971—1984—1984—1984—1984—1984—1984—1984—198		
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street				
Commission of the commission o	11.b. Approximate dollar value of such de	ealing.		
City	12.a. Nature of interest held or income	e received.		
State ZIP Code + 4	Tri-Fund Dinner			
	12.b. Amount.	\$101		
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name				
Trade Name, if any:	Transcription of the control of the	The second secon		
P.O. Box, Bldg., Room No., if any		And Annual Annua		
Street	No. of the Control of	# monorconductor		
City	random proposition of the control of			
State ZIP Code + 4				
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.			

Name of Person Filing David	Isaacs	File Number U-

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Kentucky Laborers District Training Fund	a. Labor Organization	
Trade Name, if any:	b. Trust	
P.O. Box, Bldg., Room No., if any	Econical .	
Street 2000 By-Pass South	c. Employer	
City Lawrenceburg		
State Kentucky ZIP Code + 4 40342		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	ENGENNYAN-SIANTERENTANIANAN PROGRESSION PR
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		**************************************
City		
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	
	Travel including room, transportat	ion and meals
	12.b. Amount.	\$1,820

Name of Person Filing David Isaacs	File Number U-

O None and address of Dustrass (including heads pages) if any	9. Business deals with:	
8. Name and address of Business (including trade name, if any).		
Name Kentucky Laborers District Training Fund	a. Labor Organization	
Trade Name, if any:		
	b. Trust	
P.O. Box, Bldg., Room No., if any	Brownings	
Street 2000 By-Pass South	c. Employer	
City Lawrenceburg		
State Kentucky ZIP Code + 4 40342		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	***
Any and a second of the contract of the contra		KI-GOP-MOTHUGING GERNELDE COGEN NITHERTA DOGENING EN KIDERINGEN PRODUC
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
Extrate the contract of the state of the sta		
ZIP Code + 4	11.b. Approximate dollar value of such dealing.	maken a tin dia makakatan selemuah ki sindapa yan isimah ki ki isinda manakatah ki a yan diadan da amumun di dabagan da
	12.a. Nature of interest held or income received.	THE FIRST A-MINISTERN LIKE SHARE AND READ ON MAD IT AND INCOMESSAGE WHO SHAPE AND INCOMESSAGE
	Lunch	
		· ·
	12.b. Amount.	\$30

Name of Person Filing David Isaa	File Number U-

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Laborer International Union of North America	z. Labor Organization	
P.O. Box, Bldg., Room No., If any Suite 305	b. Trust	
Street 25 Century Boulevard	c. Employer	
City Nashville		
State Tennessee ZIP Code + 4 37214		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	egytennytusvassa gyvenment rasmannessa het salmas kunnassanska esimi kedheliset va talma evytensääli
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street		
City		Notice of the Control
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	and the second second second former to be second by one peter by the second sec
	12.a. Nature of interest held or income received.	ett kärjä ja kinkele kookalaan kulkan kulka kan kan kan kan kan kan kan kan kan k
	Marketshare meeting preparation	
	12.b. Amount.	\$124

Name of Person Filing David Isaacs	 File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Busines	ss (including trade name, if any)	9. Business deals with:	, ,,
	ional Union of North America CET y Suite 305	a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give tru	Territoria de administra de ad	រឹ 11.a. Nature of such dealing.	
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State		11.b. Approximate dollar value of such dealing.	
		12.a. Nature of interest held or income received.	
		Reception-Tri-Fund Conference	
		12.b. Amount.	\$104

Form LM-30 (2003)

Name of Person Filing David	Isaacs	File Number U-
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8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Laborer International Union of North America	a. Labor Organization	
Trade Name, if any: OVSS LECET	a. Labor Organization	
P.O. Box, Bldg., Room No., if any Suite 305	b. Trust	
Street 25 Century Boulevard	c. Employer	
City Nashville		
State Tennessee ZIP Code + 4 37214		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City		
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	ra titara erasi Nasalanga palakan alakan mendalaran kalakan darah banda dalakan mendalar
	Meal-Michigan Board Meeting	
	12.b. Amount.	\$36



August 10, 2005

U.S. Department of Labor Employee Standards Administration Office of Labor Management Standards 200 Constitution Avenue, NW Room N-5616 Washington, D.C. 20210

Form LM-30 Filing for David M. Isaacs Dear Sir or Madam:

Enclosed is my Labor Organization Officer and Employee Report LM-30 for the 2004 reporting period. I have reviewed all of my available 2004 records as well as my recollection. I have provided my best estimate or an estimated price range for the value of the benefit received.

As you know, it was not until March of this year that the Department of Labor initially announced its intention to provide additional guidance to the reporting community concerning the LM-30 report, to seek systemic compliance with these requirements, and to apply standards adopted in 2005 retroactively to 2004 as a base year in that effort. Further the Department since that time has continued to issue and revise its compliance advice, including guidance regarding related benefit funds. My understanding is that the Department's guidance to date on LM-30 reporting is still changing and remains uncertain in various particulars.

It may be possible that a covered employer or business not listed on my LM-30 report for 2004 provided something of value as to which I have no documentary record nor any present specific recollection. The accordance with your guidance, it is my understanding that, in that circumstance, I am not required to take any further action.'

This filing reflects my good faith effort to comply with the LM-30 reporting provisions and in doing so, I have relied upon the evolving guidance from the Department. The enclosed material represents my best recollection and estimate of all lawfully reported benefits that I received in 2004.

Sincerely,

David M. Isaacs